

Special Events Registration Form

Registration Form...Please check all events you would like to attend. Send payment made payable to:
Belmont Recreation Dept. PO Box 56, Belmont MA 02478
PLEASE COMPLETE AND ATTACH LAUNCH'S WAIVER, found on the Dept website or at
www.launchwatertowon.com

Name _____ Grade _____

Primary Phone _____ Emergency Contact Number _____

Address _____

Concerns/Issues we
should be aware
of _____

Halloween Dance Party
October 23, 2015 ☐



Holiday Dance Party
December 18, 2015 ☐

Launch
February 26, 2016 ☐



Launch
April 29, 2016 ☐

Summer Blast Off
Dance Party
June 10, 2015 ☐



I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/ her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

Name of participant

Signature of participant (or legal guardian if under 18 years of age) Date